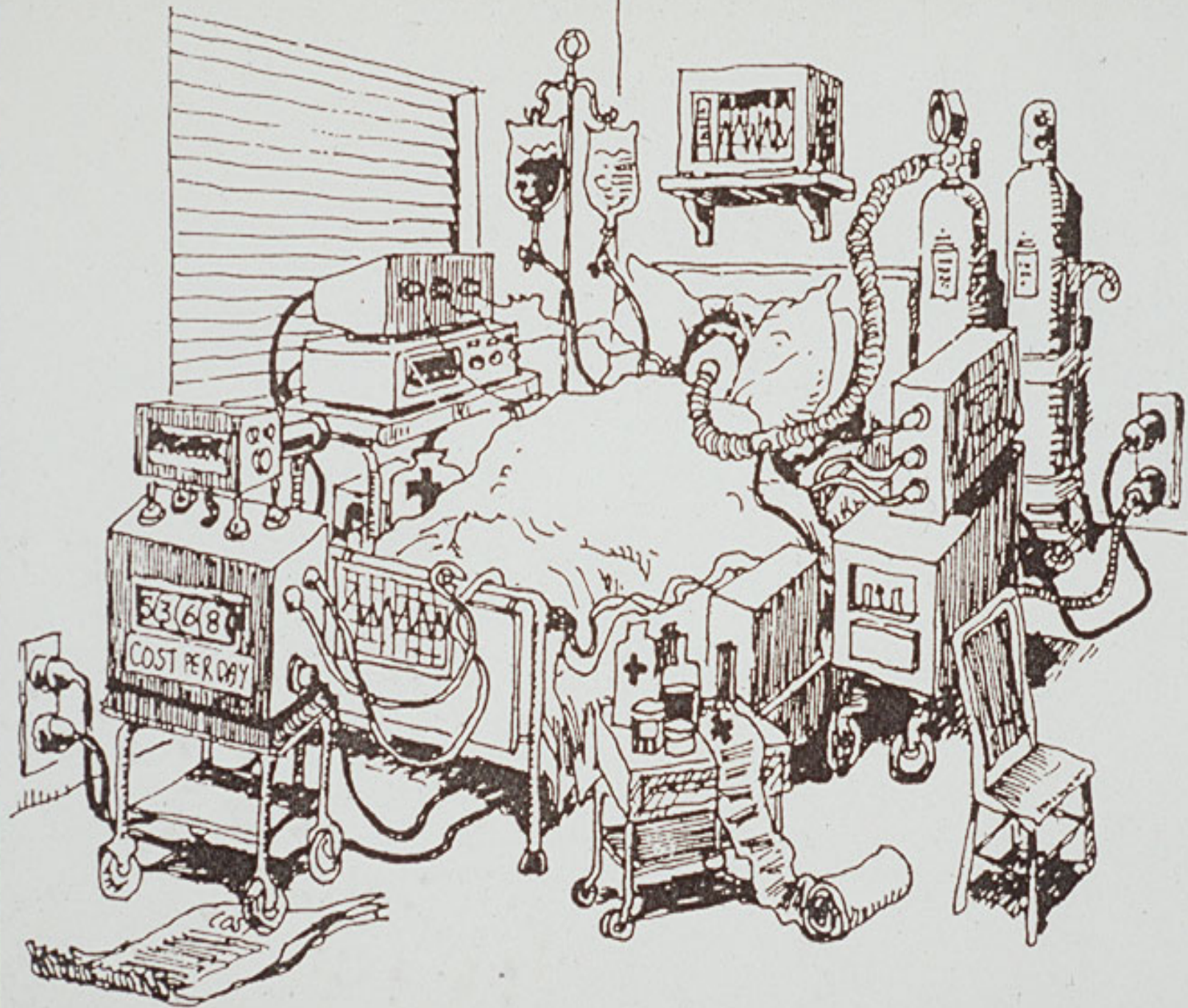


A Review of SA's Advance Directives

Roger Hunt, Jean Murray,
Margaret Brown and Martyn Evans

What is an Advance Directive?

- Record of decisions about future medical care
 - Understanding the nature and consequences
 - Made free of coercion or undue influence
- Under both Statutory and Common Law
- Comes into effect when a person loses capacity
- Empowers autonomy, relieves clinical dilemmas, tailors use of resources



Advance Directive Acts in SA

- *Natural Death Act, 1983*
- *Consent to Medical Treatment and Palliative Care Act, 1995*
- *Guardianship and Administration Act, 1993*
- *Powers of Attorney and Agency Act, 1984*

Statutory Advance Directives in SA

- Anticipatory Direction (*Consent Act*)
 - Personal, written document
 - Takes effect in terminal phase or PVS
- Medical Power of Attorney (*Consent Act*)
 - Appoints a Medical Agent as surrogate decision-maker
 - Allows written instructions
- Enduring Power of Guardianship (*Guardianship Act*)
 - Appoints substitute decision-maker(s)
 - Health and life-style decisions
 - Medical Agent trumps EG in health decisions
- Enduring Power of Attorney (*Powers Act*)
 - Financial matters

Common Law Advance Care Plans

- Good Palliative Care Plan
 - Patient, family and health care team sign-off
 - Developed by Ian Maddocks and Pall Care Council
- Statement of Choices
 - Menu of options, and scope for written wishes
 - Stand-alone or addendum to Statutory Directive
 - Developed by RPCP
- Other
 - 'Home brand' RACF forms
 - ADs from other jurisdictions
 - Letters, verbal instructions
 - Ulysses Agreement

Poor uptake of Statutory Directives

- Public survey 2004:¹
 - Enduring Guardian 8.1%
 - Medical Agent 1.2%
 - Anticipatory Direction 1.5%

1. Harrison Health Research, Health Omnibus Survey, August 2004

Advance Directives Review Committee

- Commissioned by:
 - Attorney-General
 - Minister for Health
 - Minister for Families and Communities
- Terms of Reference:
 - ‘Legal requirements can seem confusing and complex’
 - ADs ‘are not well understood or optimally used’
 - Assess reasons for low uptake
 - ‘To increase the use of ADs, and to prevent their abuse’
- ‘To make recommendations for a simpler, more consistent and accessible system ...’

Committee process

- Considered >100 public submissions
- Targeted consultations with key groups
e.g. Aged care workers; GPs, PC, ED & ICU specialists; Pt Augusta Aboriginal communities.
- Referred to:
 - Parliamentary debate
 - Legal advice (including Crown Law advice)
 - Government guidelines and policy
 - National and international schemes and reviews

Recommendations

- Bring ADs into one Act
- Use ‘substituted judgment’
 - What would the person want?
 - ‘Best interests’ standard only when a person’s wishes cannot be ascertained
- Extend beyond terminal phase or PVS
- Encourage recording of values, goals, QoL
- Develop guidelines, enhance public awareness and professional education

Future?

- Reports submitted
 - First Report: Proposed Changes to Law and Policy (July 2008)
 - Second Report: Proposals for Implementation and Communication Strategies (September 2008)
- Yet to be released by AG . . .
 - Election 2010
 - No sign of legislative initiatives
- Funding of advance care planning:
 - RPCP \$60,000 / yr for TQEH, RACFs, GPs
 - 'Informed patient choices' in State Health Care Plan and Palliative Care Services Plan (2009-2016)

WEBERMAN

JUST SO YOU KNOW...



I NEVER WANT TO LIVE IN A VEGETATIVE STATE, DEPENDENT ON SOME MACHINE.



IF THAT EVER HAPPENS, JUST UNPLUG ME, OK?

OK.

